Oepartment of the Treasury Internal Revenue Service

# EXTENDED TO NOVEMBER 16, 2015 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 Open to Public Inspection

► Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>•</u>	• • •	01 1110 2	or calcidar year, or tax year beginning		enung					
E	3 Ci	heck if	C Name of organization			D Employ	er identificati	on number		
		Address	JOHN HANCOCK COMMITTEE FOR	TUR CMAMRC						
	<del> </del>	Jchange  Name	Doing business as CITIZENS FOR SELI				27_165	7203		
	=	Johange Jinitial	Number and street (or P.O. box if mail is not delivered to str		Room/sulte	27-1657203  E Telephone number				
		_ireturn   Final	106 E. 6TH STREET		900	E relebilo		3-2014		
		Jreiurn/ term:n• aled	City or town, state or province, country, and ZIP or fore		000	G Gross rece		4,806,280.		
	_	Amende		igii postai code			·			
	$\overline{}$	Applica-	F Name and address of principal officer MARK MECI	KLER		H(a) Is this a group return for subordinates? Yes X No				
		pending	SAME AS C ABOVE				ubordinates includ			
-	1 Ta	ax-exen	npt status X 501(c)(3)	no.) 4947(a)(1)	or 527			(see instructions)		
_	J W	Vebsite	► N/A			1 '	exemption nu	•		
<u> </u>	€ Fo	orm of o	ganization: X Corporation Trust Association	Other >	L Year			ate of legal domicile: TX		
	Pa	rt I	Summary							
	0	1 B	riefly describe the organization's mission or most significant	activities PROV	IDE CO	MMUNIC	ATION,			
·	Activities & Governance		DUCATION, AND TRAINING ON MAT					ANCE.		
2015	Ĕ	2 C	heck this box 🕨 🔙 if the organization discontinued its	operations or dispo	osed of more	than 25% c	fits net asset	s.		
	Š	3 N	umber of voting members of the governing body (Part VI, lin	ne 1a)			. 3	4		
7	2		umber of independent voting members of the governing bo	• •			. 4	3		
<i>Έ</i> -∹	es		otal number of individuals employed in calendar year 2014 (	Part V, line 2a)	•	•	5	24		
	<u> </u>		otal number of volunteers (estimate if necessary)				6	0		
1	됩		otal unrelated business revenue from Part VIII, column (C), I				7a	0.		
	-	ЬN	et unrelated business taxable income from Form 990-T, line			,	. 7b	0.		
SCANNED			DE-	CEIVED		Prior Ye		Current Year		
Z	e l				1હ્ય\ ⊢	2,254		4,804,191.		
3	Revenue		rogram service revenue (Part VIII, line 2g)		{8} ⊢		0.	0.		
(3)	8	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	14.1.8 2015			0.	0.		
Ø)		11 O	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10c) otal revenue - add lines 8 through 11 (must equal Part VIII, c	and raej	그때 누	2,254	605.	2,089. 4,806,280.		
-	$\neg +$		rants and similar amounts paid (Part IX, column (A), lines )			2,234	0.			
			enefits paid to or for members (Part IX, column (A), line 4)	350110,			0.	<u> </u>		
	S		alaries, other compensation, employee benefits (Part IX, col		96	,323.	701,947.			
	Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	' ·		0.	0.			
	De l		otal fundraising expenses (Part IX, column (D), line 25)	787. H						
	Δ		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,026	.339.	3,304,149.		
			otal expenses Add lines 13-17 (must equal Part IX, column	(A), line 25)		2,122		4,006,096.		
<u>_</u>		19 R	evenue less expenses Subtract line 18 from line 12				,149.	800,184.		
3	Balances				Ве	ginning of Cu	rrent Year	End of Year		
		20 T	otal assets (Part X, line 16)		[	297	,671.	1,166,166.		
4	3	21 T	otal liabilities (Part X, line 26)			252	,727.	321,038.		
			et assets or fund balances. Subtract line 21 from line 20	• • • • • • • • • • • • • • • • • • • •	<u> </u>	44	,944.	845,128.		
			Signature Block			<u></u>				
			es of perjury, I declare that I have examined this return, including a					owledge and belief, it is		
1	rue,	correct,	and complete. Declaration of preparer (other than officer) is based	on all information of v	vhich preparei	has any knov	vledge.			
			Signification of officer	·		Dai		/16/15		
	Sign					Ua	ie.			
'	Here	e	MARK MECKLER, CEO Type or print name and title							
-			1- 4			Date.	Check	PTIN		
	aid	- 1	Print/Type preparer's name PENNIS K. WEISS, CPA	K 11/0		11/16/15	1,, —			
			rm's name D. K. WEISS & ASSOCIA					P01330013		
	-		rm's address \ \ \ 4660 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Firm's EIN 30-0022324						
			KENTWOOD, MI 49508	20111 102	<b>-</b>	Ph	one no 616-	871-1233		
Ī	viav	the IR	S discuss this return with the preparer shown above? (see	nstructions)	<del>-</del>	1611	5.10 HO. O I O	X Yes No		
_		01 11-07-			tions.	•	· · ·	Form <b>990</b> (2014)		
								1 01111 400 140 141		

	1990 (2014) JOHN HANCOCK COMMITTEE FOR THE STATES 27-1657203 Page 2 rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE COMMUNICATION AND EDUCATION RELATED TO SELF-GOVERNANCE.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the pnor Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported  (Code) (Expenses \$2,992,148 . Including grants of \$) (Revenue \$)
<b>4</b> a	(Code) (Expenses \$ 2,992,148. Including grants of \$) (Revenue \$)  COMMUNICATION, EDUCATION AND TRAINING RELATED TO SELF-GOVERNANCE.
	COMMONICATION, BOCATION AND TRAINING REDATED TO BELL-GOVERNANCE.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of S) (Revenue \$)
	Other research (December 2 Other Hall O)
4d	Other program services (Describe in Schedule O)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 2,992,148.
70	Form 990 (2014)
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14b

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20a

20b

Form 990 (2014)

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X

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JOHN HANCOCK COMMITTEE FOR THE STATES Form 990 (2014) 27-1657203 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . Section 501(c)(3) organizations, Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . . . . . . ... 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes, " complete Schedule D, Part V Х 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a b Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes,\* complete Schedule D, Part X .... Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

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complete Schedule G, Part III

or more? If "Yes," complete Schedule F, Parts I and IV

1c and 8a? If "Yes," complete Schedule G, Part II

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	990 (2014) JOHN HANCOCK COMMITTEE FOR THE STATES 27-1657 IV Checklist of Required Schedules (continued)	203	Р	age 4
T ai	tri oneckist of Nequired Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		162	140
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			^
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		<del> </del>	<u> </u>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<del> </del>
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	
	Schedule K. If "No", go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	· · · ·	<del>  -2`</del> -
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.40	•	
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		!
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		<b></b>	<del></del>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	1	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		ļ	1
	complete Schedule L, Part II	26	1	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<del> </del>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		7,
~-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	┼─	X
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1	1	1

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Note. All Form 990 filers are required to complete Schedule O

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	TOUN HANCOCK CONNITERED FOR BUYE CHARGE 27 1557	202		. =
Par	990 (2014) JOHN HANCOCK COMMITTEE FOR THE STATES 27-1657 t V Statements Regarding Other IRS Filings and Tax Compliance	<u> 203</u>	P	age 5
	Check if Schedule O contains a response or note to any line in this Part V			
		•	Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 33	$\overline{}$	res	140
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable 1a 3.3  Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u> </u>		_
	filed for the calendar year ending with or within the year covered by this return 2a 24			İ
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		x
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<del> </del>
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
ь	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u></u>	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	ļ
8	SponsorIng organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsonng organization have excess business holdings at any time during the year?	8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	ـــــ
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_	<b> </b>	-
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a	{		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	'		
11	Section 501(c)(12) organizations. Enter:		ĺ	
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		┼
IJ	n real circulate amount of tax-exempt interest received of accided duffing the year	1	1	1

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Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans .

c Enter the amount of reserves on hand ...

a Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b

13c

13a

14a

X

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<u>}ect</u>	Check if Schedule O contains a response or note to any line in this Part VI			٤
	ion A. Governing Body and Management			
			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent	3		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	٦ :		
	officer, director, trustee, or key employee?	2		_ :
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Τ.
	of officers, directors, or trustees, or key employees to a management company or other person?			
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		
		4		H
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Ŀ
	Did the organization have members or stockholders?	6		Ľ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Ŀ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			1
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			Г
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	T
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	80	^	┢
				l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	L
Seci	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
			Yes	L
	Did the organization have local chapters, branches, or affiliates?	10a		L
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1 1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	Γ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Г
1 <b>2</b> a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		L
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Τ
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		1
	in Schedule O how this was done	12c		ļ
	Did the organization have a written whistleblower policy?		<del> </del>	
		13	<del> </del>	
	Did the organization have a written document retention and destruction policy?	14	ļ	Ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent			1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		İ	ŀ
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			Γ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	,	
	If "Yes," did the organization follow a written policy or procedure requining the organization to evaluate its participation	104		╁
				ı
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	<u> </u>	Ļ
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AR, CA, CO, CT, GA, HI, KS, KY, Li	A, MD	, MI	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as	nd finan	cıal	
. •	statements available to the public during the tax year.	·~ mail	Jiai	
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	State the hame, address, and telephone number of the person who possesses the organization's books and records:	<del></del>		_
20	ATTEMANT TATIONS ATTENT TO 217 FOX 0100			
20	CLIFTON LARSON ALLEN LLP - 317-574-9100			
20	CLIFTON LARSON ALLEN LLP - 317-574-9100 9365 COUNSELORS ROW STE 200, INDIANAPOLIS, IN 46240 11-07-14 SEE SCHEDULE O FOR FULL LIST OF STATES		1990	_

	•								
Form 990 (2	2014)	JOHN	HANCOCK	COMMITTEE	FOR	THE	STATES	27-1657203	Page 7
Part VII	Compensation	of Offic	cers, Directo	rs, Trustees, K	ey Em	ployee	s, Highest	Compensated	
	Employees, ar	nd Indep	endent Con	tractors					
	Check if Schedule	O contain:	s a response or	note to any line in thi	s Part V	71			
Section A.	Officers, Director	rs, Truste	es, Key Employ	ees, and Highest C	ompens	ated En	nployees		

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per week	box.	not c unle	ss pe	ntion more	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	or supply and supply anative and supply and supply and supply and supply and supply and	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related organizations					
(1) TIM DUNN	5.00									
DIRECTOR		X			<u> </u>			0.	0.	0
(2) MARK MECKLER	40.00									
PRESIDENT/CEO		X	$ldsymbol{le}}}}}}$	X	L	L		165,151.	70,779.	0
(3) ERIC O'KEEFE	5.00							_		
DIRECTOR		X			ļ	ļ		0.	0.	0
(4) MARK ROLLINS	1.00									
DIRECTOR		X		ļ	ļ	ļ		0.	0.	0
(5) MICHAEL RUTHENBERG	40.00	1						110 100		
EXECUTIVE VICE PRESIDENT	1 00	ļ		X	┝	-	-	113,180.	0.	C
(6) TIMOTHY MURPHY	1.00	-		x				0.	0.	
						L				
		_	_							
		_	_	_	_	_				
		_	_	_	_	_	_			
		_		_	_	_	_			
		-	_							
										Form 990 (20

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Form 990 (2014) JOHN HANG	COCK COM	<u>(M</u> )	T7	CEE	C F	FOF	<u> </u>	THE STATES	27-165	720	3 F	age 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(do	nol c	(C Posi heck i ss per id a di	) ition more rson l	ihan d	one h an	(D)  Reportable compensation from	(E) Reportable compensation from related		(F) stimat mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099·MISC)	organizations (W-2/1099-MISC)	or a	mpens from ti ganiza nd rela janiza	ation ne ition ited
							-					
		_	_				_			_		<del></del> -
		_			_							
		_					L					
											1.1.1.1	
			·			<del></del>	<u> </u>	278,331.	70,779			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A	•					<b>▶</b>	278,331.	<del></del>	9.	<del></del>	0.
2 Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wi	30 r	eceived more than \$100	0,000 of reportable			2
	· · · · · · · · · · · · · · · · · · ·										Yes	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				ey en	•	•	, or	highest compensated e	mployee on	3	,	x
4 For any individual listed on line 1a, is the si		le c	omp	ensa	ation	n and			the organization		.,	
and related organizations greater than \$15  Did any person listed on line 1a receive or			-							4	X	-
rendered to the organization? If "Yes," con Section B. Independent Contractors	plete Schedui	e <i>J i</i>	or s	uch	pers	son		<del></del>	· · ·	5	<u> </u>	X
1 Complete this table for your five highest co									· ·	ensation	from	<del></del>
the organization. Report compensation for (A)	the calendar y	ear	end	ıng v	vith	or w	uthir	n the organization's tax (B)	year.		(C)	——
RAVES BARTLE MARCUS & G.		F.T.	~	1 .	10		-	Description of s	services	Comp		on
MAIN ST SUITE 2700, KANS					41			LEGAL		9 (	58,	778.
VIDEOLINK LLC 1230 WASHINGTON ST, WEST	NEWTON	,_]	MA	0:	24	65		VIDEO EQUIPM	ENT	20	03,8	327.
BAKER & HOSTETLER LLP PO BOX 70189, CLEVELAND,						- [	LEGAL				533.	
TO BOAL TOTOS, CHEVERAND,	011 441	<u>, , , , , , , , , , , , , , , , , , , </u>			-			BBORD			, , ,	,,,,
							-	:		····		
2 Total number of independent contractors (	including but r	not la	mite	ed to	tho	se li	ster	d above) who received r	nore than			<del></del>
\$100,000 of compensation from the organ	_					3					005	
432008 11-07-14										Forn	990	(2014)

806,280.

Total revenue. See instructions

2,089.

Form 990 (2014)

0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part tX (D) Fundraising (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 278,331 278,331 trustees, and key employees ... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 382,717. 306,757. 17,715. 58,245. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 40,899. 18,979. 18,316. 3,604. Payroll taxes 10 Fees for services (non-employees): a Management 1,237,983. 18,609. 1,219,339 35. b Legal 50,022. 50,022. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 386,457. <u>323,428</u>. <u>58,836.</u> 4,193. column (A) amount, list line 11g expenses on Sch O.) 663,597. 577,359. 65,381. 20,857. Advertising and promotion . .... 12 14,269. 4,450. 21,414. 2,695. Office expenses 560 560 Information technology 14 Royalties 15 920. 64,110 60,051. 3,139. 16 Occupancy 17,234. 13,739. 1,666. 1,829. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 256,230 220,103. 23,994 12,133. Conferences, conventions, and meetings ... 19 20 Payments to affiliates . . . . 21 27,457. 21,965 2,746. 2,746. Depreciation, depletion, and amortization 14,240. 42,857. 20,271. 8,346. 23 Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 441,256. 117,977. 8,045. 315,234. a POSTAGE & PRINTING TRAINING AND EDUCATION 67,815. 67,815. 8,297. 11,399 3,798. DUES & SUBSCRIPTIONS 23,494 3,663. 1,606. 1,799. 258. d MISCELLANEOUS e All other expenses 573,161 2,992,148. 4,006,096. 440,787. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or not	te to any line in thi	s Part X ,			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			297,671.	1	919,472
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		L		4	2,328
	5	Loans and other receivables from current and for	ormer officers, dire	ectors,			
		trustees, key employees, and highest compensations					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquale	ified persons (as d	efined under			
1		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), an	d contributing			
		employers and sponsoring organizations of sec					
£		employees' beneficiary organizations (see instr)	. Complete Part II	of Sch L		6	
Assets	7	Notes and loans receivable, net .		[		7	
₹	8	Inventories for sale or use		· · · · · · · · · · · · · · · · · · ·		8	
i	9	Prepaid expenses and deferred charges				9	5,516
	10a	Land, buildings, and equipment: cost or other	1 1		,		
- 1		basis. Complete Part VI of Schedule D	10a   3	266,307.			
- [	b	Less accumulated depreciation	10b	27,457.	0.	10c	238,850
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
1	13	Investments - program-related. See Part IV, line			13		
1	14	Intangible assets	· · ·		14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	297,671.	16	1,166,166.		
	17	Accounts payable and accrued expenses			10,227.	17	
	18	Grants payable	-	10,122,0	18		
	19	Deferred revenue		-  -		19	· ····································
ļ	20	Tax-exempt bond liabilities	• •	-		20	
ŀ	21	Escrow or custodial account liability Complete	Part IV of Schedu	la D		21	
2	22	Loans and other payables to current and forme		-		-21	
Ė		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L	oo, and aloqualine	G P0.001.0		22	
ٿ	23	Secured mortgages and notes payable to unrel	ated third nartice	···· -		23	
	24	Unsecured notes and loans payable to unrelate	•	-		24	
	25	Other liabilities (including federal income tax, pa	•	third		-24	
	20	parties, and other liabilities not included on line					
ļ		Schedule D	3 17 24) Oompict	or are x or	242,500.	25	321,038
	26	Total liabilities. Add lines 17 through 25	•		252,727.	26	321,038
	20	Organizations that follow SFAS 117 (ASC 956	R) shock here	Y	232,141.	20	321,030
,		complete lines 27 through 29, and lines 33 ar		LALI AND			
ë	27	Unrestricted net assets	iiu 34.		44,944.	27	845,128
alar	28	Temporarily restricted net assets		·	<u> </u>	28	045,126
<u>~</u>	29	Down a manife was stated at a distance at a second	•	• • •			
Ĕ	29			<b>.</b> [		29	<del></del>
Ľ.		Organizations that do not follow SFAS 117 (A	45C 956), Check I	iere			
S	30	and complete lines 30 through 34.  Capital stock or trust principal, or current funds		ļ		20	
se	30	• • •	•	· · ·  -		30	
Net Assets or Fund Balances	31	Paid in or capital surplus, or land, building, or e	• •	- h		31	
Š	32	Retained earnings, endowment, accumulated in Total net assets or fund balances	ncome, or other to	iius	AA DAA	32	0/E 100
ŀ	33	•		- }	44,944.	33	845,128.
	34	Total liabilities and net assets/fund balances	·		<u> 297,671.</u>	34	1,166,166. Form <b>990</b> (2014

	990 (2014) JOHN HANCOCK COMMITTEE FOR THE STATES	27-	1657203	Pag	<sub>10</sub> 12
Par	t XI Reconciliation of Net Assets				
-	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,80	6,21	80.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,00	6,09	<u>96.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	80	0,1	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	4,9	44.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	84	5,1	28.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.                                  </u>	<u>.                                    </u>	
				Yes	No
1	Accounting method used to prepare the Form 990' X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		İ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		ŀ	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both.		İ		
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1 1	ĺ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit	ļ	
	Act and OMB Circular A-133?		За		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired auc	lit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		35		
			Form	990 (	2014)

### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

JOHN HANCOCK COMMITTEE FOR THE STATES 27-1657203 Reason for Public Charity Status (All organizations must complete this part ) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v), 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally Integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) iv) is the organization (vi) Amount of (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 JOHN HANCOCK COMMITTEE FOR THE STATES 27-1657203 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contnbutions, and						
	membership fees received. (Do not	}					
	include any "unusual grants.")	<u> 1037986.</u>	1849589.	1207183.	2254206.	4804191.	11153155.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		'				
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	1037986.	1849589.	1207183.	2254206.	4804191.	11153155.
5	The portion of total contributions						
	by each person (other than a					·	
	governmental unit or publicly						
	supported organization) included				<u>'</u>		ĺ
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3132313.
	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	8020842.
Sec	ction B. Total Support	<del></del>	<u></u>			<del></del>	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4 ,	1037986.	1849589.	1207183.	2254206.	4804191.	11153155.
8	Gross income from interest,						1
	dividends, payments received on			}			
	securities loans, rents, royalties						
	and income from similar sources .	63.					63.
9	Net income from unrelated business	}				ļ	
	activities, whether or not the						
	business is regularly carried on	ļ		ļ			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	5,703.	ļ	ļ	605.	2,089.	
	Total support. Add lines 7 through 10		<u> </u>	.1	<u> </u>		11161615.
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo		s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. 🖼
<u></u>	organization, check this box and sto	phere				<del></del> .	▶X
	ction C. Computation of Pub					1	
	Public support percentage for 2014	•	-	column (f))		14	
	Public support percentage from 201:					15	%
16a	a 33 1/3% support test - 2014. If the				14 is 33 1/3% or r	more, cneck this b	ox and
	stop here. The organization qualifies				-1 l 15 l- 00 1/00	, 	السا 🔻
t	33 1/3% support test - 2013. If the				1 line 15 is 33 1/3%	% or more, cneck	triis box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fa-					in vi now the orga	
	meets the "facts and circumstances"	_				47	1004 ==
ŀ	10% -facts-and-circumstances tes						
	more, and if the organization meets t						re L
	organization meets the "facts-and-cil						
18	Private foundation. If the organizati	on did not check a	box on line 13, 10	oa, 160, 1/a, or 1/			
					Scn	edule A (Form 99	0 or 990-EZ) 2014

# Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for this year.  8 Public support (Sybhatian 7c from line 6) Section B. Total Support	tion A. Public Support						<b></b>
membership fees necewed. (Do not include any runsusal grants.")  2 Gross receipts from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from admissions, such as a second of the control of th	dar year (or fiscal year beginning in) 🕨 🔃	(a) 2010	(ъ) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
include any "unusual grants.")  2 Gross receipts from admissions, interchandles sold or services performed, or facilities furnished in any activity that is related to the organization's bareate plurpose of a forest succeeping the purpose of a forest succeeping	Gifts, grants, contributions, and						
2. Gross receipts from admissions, merchandes sold or services performed, or facilities furnished to the organization's tax-exampt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513.  4. Tax revenues leved for the organization's benefit and either paid to or expended on its behalf.  5. The value of services or facilities furnished by a governmental unit to the organization without charge.  6. Total, Add inse 1 through 5.  7. A Amounts included on lines 1, 2, and 3 received farm sheet by a governmental unit to the organization without charge.  6. Total, Add inse 1 through 5.  7. A Amounts included on lines 1, 2, and 3 received farm sheet bits of the search	membership fees received. (Do not				ļ .		
merchandse sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or bus iness under section 613.  4. Tax reviews level for the organization's benefit and either paid to or expended on its behalf.  5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5.  7. A Amounts included on lines 1, 2, and 3 received from disqualified persons 10 Amounts included on lines 1, 2, and 3 received from disqualified persons 10 Amounts included on lines 1, 2, and 3 received from disqualified persons 10 Amounts included on lines 1 and 1 a	nclude any "unusual grants.")						
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15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2013 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2013 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is n more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization					<del></del>		<u> </u>
16 Public support percentage from 2013 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2013 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is n more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization				······································		<del></del>	
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2013 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is n more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Public support percentage for 2014 (lin-	e 8, column (f) o	divided by line 13,	column (f))		15	9
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2013 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is n more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization				<u> </u>	<u> </u>	16	9
18 Investment income percentage from 2013 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is n more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization					\ \	17	9
19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is n more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization				10, 00idilai ( <i>i),</i>	,		<u>-</u>
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	•			x on line 14 and h	ne 15 is more than		
b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							<b>▶</b>
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							. and
432023 09-17-14  Schedule A (Form 990 or 9		L.O HOL OHOUN E	_ 55 511 III 6 14 <sub>1</sub> 1				190 or 990-E71 20

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1_1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	_ 2		
<b>3</b> a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b	1	1
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		ŀ
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		i ——	
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		ļ
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1		İ
	despite being controlled or supervised by or in connection with its supported organizations.	4b	ŀ	l
_	Did the organization support any foreign supported organization that does not have an IRS determination	75		_
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	İ	Į	l
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			1
		4c		1
E.	purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		<del> </del>
Sa	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			1
			1	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	-		
	was accomplished (such as by amendment to the organizing document).	5a	├	1
ь		<b>5</b> 1.		
	designated in the organization's organizing document?	5b	-	<del>                                     </del>
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		├
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1		1
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class		1	1
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also		İ	1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			1
	Part VI.	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent		1	
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7	ļ	<b>├</b>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	1
	If "Yes," complete Part I of Schedule L (Form 990).	8		—
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1		1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	<u> </u>	↓
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	ļ	<u>_</u>
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	1	<u>Ļ</u> .
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	1		
	organizations)? If "Yes," answer (b) below	_10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			_
	determine whether the organization had excess business holdings )	10b		

Sche	dule A (Form 990 or 990-EZ) 2014 JOHN HANCOCK COMMITTEE FOR THE STATES 27-16	<u>5720</u>	<u>3 Pa</u>	ge 5
Par	t IV . Supporting Organizations (continued)		<del></del> ,	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		Vo-	NI-
	Did the directors trustees or membership of one or more supported evaporations have the power to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		\I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
500	the supported organization(s).	1	لـــــا	
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3_	l	
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions):			
а	The organization satisfied the Activities Test. Complete Ilne 2 below			
p	The organization is the parent of each of its supported organizations.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.	( <del></del>	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ļ	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			Ì
	that these activities constituted substantially all of its activities	2a	<del> </del>	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	}		l
	activities but for the organization's involvement	2b	-	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а				)
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	<u> </u>

432025 09-17-14

	dule A (Form 990 or 990 EZ) 2014 JOHN HANCOCK COMMITTEE I			27-1657203 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. <b>2</b> 0, 1970. <b>See in</b> str	uctions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of pnor-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
<u>5</u> ·	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	_	
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	1		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see Instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y∙ıntegr	ated Type III supporting or	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2014

Sche Par	dule A (Form 990 or 990 EZ) 2014 JOHN HANCOCK  t V ↓ Type III Non-Functionally Integrated 509			7-1657203 Page 7
	on D - Distributions	(a)(o) Supporting Orga	inzations (continued)	Current Year
<u> 1</u>	Amounts paid to supported organizations to accomplish exe	mpt nurnoses		Ourrent real
2	Amounts paid to perform activity that directly furthers exemp			
-	organizations, in excess of income from activity	or parposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets	oo or capported organization	<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)	··· -		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions, Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	· · · · · · · · · · · · · · · · · · ·	
•	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required see instructions)			
3	Excess distributions carryover, if any, to 2014.			
а				1
ь		,		,
С				
d				
е	From 2013			
f	Total of lines 3a through e			
_ g	Applied to underdistributions of pnor years			
h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			,
	line 7. \$			
a	Applied to underdistributions of prior years	,		
b	Applied to 2014 distributable amount			
<u>c</u>	Remainder, Subtract lines 4a and 4b from 4		,	
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see		,	
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			1
	and 4c			
_8_	Breakdown of line 7			<del> </del>
<u>a</u>		<u> </u>	ļ	ļ
<u>b</u>				
<u>c</u>		<del> </del>		
<u>d</u>	Excess from 2013			
_	Evene from 0014	ī		

Schedule A (Form 990 or 990-EZ) 2014

	Also complete this part for an	OHN HANCOCK C tion. Provide the explan y additional information		art II, line 10, Part II, Ir	ne 17a or 17b, and Part	!!!, line 12
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#### SCHEDULE:C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations; Complete Parts I-A and B Do not complete Part I C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II.A. Do not complete Part II.B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section</li> </ul>	501(c)(4), (5), or (6) organizat	ons <sup>.</sup> Complete Part III.			
Name of org					Employer identification number
Ì		NCOCK COMMITTEE	FOR THE STA	TES	27-1657203
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 5	27 organization.
	al expenditures	ation's direct and indirect politic	al campaign activities	ın Part IV	<b>▶</b> \$
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)	(3).	
	<del>*</del>	incurred by the organization und			. <b>&gt;</b> \$
2 Enter t	he amount of any excise tax i	ncurred by organization manag	ers under section 4955	5	<b>&gt;</b> \$
3 If the o	organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a	correction made?				Yes No
b If "Yes	," describe in Part IV			· · · · · · · · · · · · · · · · · · ·	
Part I-C	Complete if the org	anization is exempt und	ler section 501(c)	, except section	501(c)(3).
	• •	by the filing organization for se	•		<b>&gt;</b> \$
		zation's funds contributed to o	ther organizations for s	ection 527	<b>N</b> .
	ot function activities	<del></del>		-	<b>&gt;</b> \$
		Add lines 1 and 2. Enter here	and on Form 1120-POL	=1	
line 17				•	► \$
	e filing organization file Form				
		nployer identification number (E tion listed, enter the amount pa	•		
		omptly and directly delivered to			
		additional space is needed, pro			
<del></del>	(a) Name	(b) Address	(c) EIN	(d) Amount paid	from (e) Amount of political
	(a) Ivaillo	(2) / 100/000	(0, 2	filing organization	n's contributions received and
			ŀ	funds If none, ent	
					delivered to a separate political organization
					If none, enter 0
				1	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014 JO Part II-A Complete if the organ section 501(h)).	HN HANCOCK ization is exem	COMMITTEE 1 pt under section (	FOR THE STA 501(c)(3) and file	ATES 27-16 ed Form 5768 (el	557203 Page 2 ection under
A Check I if the filing organization	belongs to an affilia	ted group (and list in P	art IV each affiliated	group member's name	, address, EIN,
expenses, and share o				,	
B Check ▶ ☐ if the filing organization		•	sions apply.		
	n Lobbying Expend res" means amount			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen-				61,479.	
b Total lobbying expenditures to influen		(direct lobbying)	}	6,508.	· · · · · · · · · · · · · · · · · · ·
c Total lobbying expenditures (add lines	1a and 1b)		• • • • •	67,987. 3,497,322.	
d Other exempt purpose expenditures	1111			3,565,309.	
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount Enter th				328,265.	
If the amount on line 1e, column (a) or (b		ring nontaxable amou	nt is:	İ	
Not over \$500,000		e amount on line 1e			
Over \$500,000 but not over \$1,000,00		plus 15% of the exces			
Over \$1,000,000 but not over \$1,500,		plus 10% of the exces			
Over \$1,500,000 but not over \$17,000		plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000	\$1,000,00				
	2504 44 48			82,066.	
g Grassroots nontaxable amount (enter		•	•	0.	
h Subtract line 1g from line 1a If zero o				0.	
i Subtract line 1f from line 1c. If zero or				0.	
j If there is an amount other than zero o		ne H, did the organizati	on the Form 4720	۲	Yes No
reporting section 4911 tax for this year			: FO4(L)	<u> </u>	Yes No
(Some organizations that	made a section 50	aging Period Under se 1(h) election do not ha e instructions for line	ive to complete all o	of the five columns b	elow.
	Lobbying Expend	litures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	244,776.	202,835.	244,322.	328,265.	1,020,198.
b Lobbying ceiling amount					1,530,297.
(150% of line 2a, column(e))					1,530,497.
c Total lobbying expenditures				67,987.	67,987.
d Grassroots nontaxable amount	61,194.	50,709.	61,081.	82,066.	255,050.
e Grassroots ceiling amount					200 575
(150% of line 2d, column (e))				<del></del>	382,575.
f Grassroots lobbying expenditures				61,479.	61,479. 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 JOHN HANCOCK COMMITTEE FOR THE STATES 27-1657203 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.					
a Volunteers?	L	<u> </u>			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
c Media advertisements?		X			
d Mailings to members, legislators, or the public?		X			
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>		<del></del>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i Other activities?		X	<del></del>		
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			. ,		
b If "Yes," enter the amount of any tax incurred under section 4912		,			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				<u> </u>	
Part III-A Complete if the organization is exempt under section 501(c)(4), second 501(c)(6).	ction 501(c)	(5), or se	ction		
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?	_	1			
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2			
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		T	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."		11 (5) 1 21			
1 Dues, assessments and similar amounts from members		••			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	onucai				
expenses for which the section 527(f) tax was paid).		20			
a Current year		2a 2b		· · · · ·	
b Carryover from last year	• • •				
c Total		2c 3			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due:		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a	na political				
expenditure next year?	• ••	4	<u> </u>		
5 Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>		
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated g	roup list), Part I	II-A, lines 1	and 2 (see		
instructions), and Part II-B, line 1. Also, complete this part for any additional information.					
	Schad	ule C (Form	900 or 00	n-E712	

#### SCHEDULE D

Supplemental Financial Statements

(Form 990)

► Complete If the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number Name of the organization 27-1657203 JOHN HANCOCK COMMITTEE FOR THE STATES Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (dunng year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) . . . . . . . . . . . . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

		NCOCK COMM							<u>57203</u>	
Щ.	t III   Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	e following	that are a s	significant u	se of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	·	oan or exc	change pr	ograms				
b	Scholarly research	е		ther						<del></del>
C	Preservation for future generations									
4	Provide a description of the organization's co	offections and explain	n how the	y further	the organı	zation's exe	mpt purpo	se in Part	t XIII.	
5	During the year, did the organization solicit o	or receive donations of	of art, his	torical trea	asures, or	other simila	r assets			
	to be sold to raise funds rather than to be m								Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the d	organizati	on answer	ed "Yes" to	Form 990,	Part IV, I	ıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
<b>1</b> a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	ontributio	ns or othe	r assets no	t included		=	
	on Form 990, Part X?							L_	Yes	U No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	flowing ta	able:					- ^	
									Amount	
С	Beginning balance						1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. 1e			
f	Ending balance						. 1f			
<b>2</b> a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or o	custodial a	ccount liab	ılity?	□	Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								<del></del>	
Par	t V Endowment Funds. Complete	ıf the organizatıon ar	swered "	Yes" to F	orm 990, F	Part IV, line	10			
		(a) Current year	(b) Pr	ior year	(c) Two	years back	(d) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	1	1							
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	, column	(a)) held as	s:				
а	Board designated or quasi-endowment	·	%	,-	• •					
	Permanent endowment	%	-							
	Temporarily restricted endowment	<del></del> %								
-	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posse		ation tha	t are held	and admir	nistered for	the organiz	ation		
	by:	3					•		Ty	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations			• •	• ••••	•	•	•	3a(ii)	
h	If "Yes" to 3a(ii), are the related organization		on Sched	ule B2				•	3b	
4	Describe in Part XIII the intended uses of the			-	•	•		••	<u> </u>	
	t VI Land, Buildings, and Equipm			<u> </u>						
<b>L</b>	Complete if the organization answere		3. Part IV.	line 11a.	See Form	990. Part X	, line 10			
	Description of property	(a) Cost or o			st or other		Accumulate	d	(d) Book	value
	o constitution on property	basis (investi			s (other)	, ,	epreciation		(4, 200	
12	Land				· · · · · · · · · · · · · · · · · · ·					
	Buildings				····				<del></del>	
	Leasehold improvements	71	674.	<del></del>			21,59	7.	50	,077.
	Equipment		633.	**:	•		5,86			<del>, 773.</del>
	Other .	1,4	~~~				2,00	<del></del>		,,,,,,
	I. Add lines 1a through 1e. (Column (d) must	egual Form 990. Par	t X. colun	n (B). line	10c.)	1		<b>•</b>	238	,850.

Schedule D (Form 990) 2014

Y		CK COMMITTEE	FOR THE STA	TES 27	-1657203	Page 3
Part VII						
	Complete if the organization answered "Yes					
	otion of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	l-of-year market v	alue
	al derivatives					
	held equity interests					
(3) Other						
(A)						
(B)		<del> </del>				
(C)					<u></u>	
(D)	, , , , , , , , , , , , , , , , , , ,					
(E) (F)						
(G)						
(H)						<del></del>
	b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		· · · · · · · · · · · · · · · · · · ·	······································	
	Investments - Program Related.		· · · · · ·			
·	Complete if the organization answered "Yes	" to Form 990, Part IV, I	ne 11c See Form 990. F	Part X, line 13		
	(a) Description of investment	(b) Book value		aluation: Cost or end	l-of-year market v	/alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)				·		
(7)	<u> </u>			· · · · · · · · · · · · · · · · · · ·		
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>				
Part IX						
	Complete if the organization answered "Yes	" to Form 990, Part IV, II ) Description	ine 11d. See Form 990, I	Part X, line 15.	(b) Book va	Nuo.
		Description			(b) Book va	
(1)						
(2)						<del></del>
(4)						
(5)						
(6)			•			• • • • • • • • • • • • • • • • • • • •
(7)		··· · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>		
(8)				****		
(9)		······································	·	<del></del>		
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15 )				
Part X	Other Liabilities.					
	Complete if the organization answered "Yes	" to Form 990, Part IV, I	ine 11e or 11f. See Form	1 990, Part X, line 25		
1.	(a) Description of liability		(b) Book value			
(1) Fee	deral income taxes					
(2) AI	OVANCES		321,038.			
(3)						
(4)				]		
(5)	· · · · · · · · · · · · · · · · · · ·					
(6)						
(7)				1		
(8)				-		
(9)			001 005	4		
	umn (b) must equal Form 990, Part X, col. (B) I		321,038.			
	y for uncertain tax positions. In Part XIII, provi					—
organiz	zation's liability for uncertain tax positions und	er HIN 48 (ASC 740) Ch	neck here if the text of th			
				Sch	redule D (Form 9	990) 2014

10-01-14

	dule D (Form 990) 2014 JOHN HANCOCK COMMITTEE FOR			L657203 Page 4
Par	•	nts With Revenue per F	łeturn	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		T I	4 006 000
1	Total revenue, gains, and other support per audited financial statements		1	4,806,280.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1		
а	Net unrealized gains (losses) on investments	2a	-	
ь	Donated services and use of facilities	2b	-{	
С	Recoveries of prior year grants	2c	-	
d	Other (Describe in Part XIII.)	2d	┨ . ┃	•
е	Add lines 2a through 2d		2e	4 006 000
3	Subtract line 2e from line 1		3	4,806,280.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
D	Other (Describe in Part XIII.)	_4b	١.١	0
c	Add lines 4a and 4b		4c	<u>0.</u> 4,806,280.
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  t XII Reconciliation of Expenses per Audited Financial Statemen	onte With Evnenses ne	5 Betu	4,800,200.
1 al	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	sitts With Expenses per	Hetu	111.
				3,975,982.
1	Total expenses and losses per audited financial statements			3,313,304.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	10-1		
а	Discussion adjustments	2a	-	
b	Prior year adjustments	2b	-	
ر م	Other losses	2c   2d   <30,114	1 1	
d	Add lines 2a through 2d	20 750,114	2e	<30,114.>
е 3	Subtract line 2e from line 1		3	4,006,096.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		1	±,000,000.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	┨ ╽	
	Add lines 4a and 4b	70	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	4,006,096.
	t XIII Supplemental Information.		-1	
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1b and 2b; Part V, line	4; Part	X, line 2; Part XI,
	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional and the same and t			
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:		···	
<u>AC</u>	CRUAL TO CASH ADJUSTMENTS	····		
	<u> </u>			
				<del></del>
		<del></del>		
10000		<del>-</del>		

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

JOHN HANCOCK COMMITTEE FOR THE STATES

Attach to Form 990.

Oeparlment of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990 Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2014

<u>27-1657203</u>

Pa	rt I   Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	į l		1
	Part VII, Section A, line 1a. Complete Part III to provide any relevant Information regarding these items.	i		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	_1b_		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	[		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	'	1	1
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			1
а	Receive a severance payment or change-of-control payment?	4a	<u> </u>	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		`	
•	contingent on the revenues of.			
а	The organization?	5a	1	Х
	Any related organization?	5b		X
υ	If "Yes" to line 5a or 5b, describe in Part III.	55	<del> </del>	1
	·	•		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	contingent on the net earnings of	-	Ì	- v
_	The organization?	6a	<del>                                     </del>	X
Ь	Any related organization?	6b	├─	┼≏
	If "Yes" to line 6a or 6b, describe in Part III.			1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 69 If "Yes," describe in Part III	7_	<del> </del>	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<del> </del>	X
g	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Decideran control 52 4059 6/ol2	a	ł	1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JOHN HANCOCK COMMITTEE FOR THE STATES

27-1657203

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(h)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred	Denemics	(טרטונס) מרטונס)	reported as deferred in prior Form 990
(1) was uporting	3	154.140.	0	11,011.	0	0.	165	0.
	<u> </u>	4 .	0	4,719.	0	0	70,779.	0.
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#### SCHEDULE.O

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number Name of the organization JOHN HANCOCK COMMITTEE FOR THE STATES 27-1657203 FORM 990, PART VI, SECTION B, LINE 11: THE RETURN IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DETERMINES EXECUTIVE COMPENSATION BASED ON COMPARABLE DATA FROM OTHER ORGANIZATIONS FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AR, CA, CO, CT, GA, HI, KS, KY, LA, MD, MI, MN, NH, NJ, NM, NY, OH, PA, RI, SC, TN, UT, VA, WV, WI FORM 990, PART VI, SECTION C, LINE 19: THE POLICY IS ENCLOSED IN THE EMPLOYEE MANUAL WHICH IS PROVIDED TO ALL EMPLOYEES. EMLOYEES ARE REQUIRED TO INFORM MANAGEMENT OF ANY CHANGES IN CIRCUMSTANCES THAT WOULD GIVE RISE TO A CONFLICT OF INTEREST.